

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 / 455

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Neil B Callister, , MD

Mailing Address 1802 Quail Run Dr

City State Zip Code
 Ogden UT 84403-3266

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 3 1 / 2 0 0 7

Transaction ID: 25395457

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Richard J Barry, , MD

Mailing Address 2031 Anderson Rd Ste A

City State Zip Code
 Davis CA 95616-0699

FEC ID number of contributing
federal political committee.

C

Name of Employer
Valley Oak Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 3 1 / 2 0 0 7

Transaction ID: 25395458

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Edward A Toriello, , MD

Mailing Address 7815 Eliot Ave

City State Zip Code
 Middle Village NY 11379-1300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 3 1 / 2 0 0 7

Transaction ID: 25395459

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)